



COAST GUARD ART PROGRAM
MEMBERSHIP APPLICATION
(COGAP)

This application and accompanying samples are
subject to the approval of
the COGAP Committee Chair and Membership Chair.

Please complete the opposite side of this form and mail,
along with samples as specified to:

Mr. Thomas Picard
COGAP Membership Chair
61-15 97th Street
Rego Park, NY 11374

Karen Loew, *COGAP Committee Chair*
Thomas Picard, *COGAP Membership Chair*
George Gray, *Chairman Emeritus*

*We immortalize in our paintings and sculpture those who serve our country in the
United States Coast Guard.*
– Karen Loew, COGAP Chair

COAST GUARD ART PROGRAM – Membership Application

Sponsor -- Salmagundi Club, 47 Fifth Avenue, New York, NY 10003 212.255.7740

Thank you for your interest in COGAP. Membership is open to artists of all media. You must be a US citizen to qualify for membership.

This application form should be submitted in duplicate together with examples of your work. Enclose good quality photographs, slides or printed reproductions only – no original art please, as submissions cannot be returned. The quality of your work is an important factor in acceptance into the program; therefore, please choose your samples carefully. Previous experience in marine painting is not required.

Artist members in good standing of the Salmagundi Club need not send examples.

Each year, works of art created by COGAP members are reviewed by the Salmagundi Club's Excellence Committee for acceptance into the Coast Guard's official collection. COGAP members are requested to submit new artwork for review as often as possible, but no less than once every three years. Submissions (no originals, please, only slides or photos of originals) must be received by January 1 of each year for consideration for that year's collection. If a COGAP member is having difficulty submitting artwork within the three-year time frame, they are asked to contact Coast Guard Community Relations, at 202/267-0933.

All accepted art becomes the exclusive property of the U. S. Coast Guard. Artist relinquishes all copyrights.

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____

ZIP _____ EMAIL _____ WEBSITE _____

DAYTIME PHONE _____ EVENING PHONE _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

U.S. CITIZEN _____ YES _____ NO (NOTE: You must be a US citizen to qualify for membership)

ART EDUCATION _____

QUALIFICATIONS AND EXPERIENCE (use a separate sheet, if necessary)

HOW DID YOU LEARN ABOUT COGAP?: _____

DATE _____ APPLICANT'S SIGNATURE _____

Committee Use

Applicant approved _____

_____ Membership Chair

Applicant not approved _____